



# CITY OF SANTA CLARA PARKS & RECREATION DEPARTMENT

## Santa Clara Senior Center Registration and Release of Liability Form

January - December 2015



Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_

<b>FIRST Name</b>		<b>LAST Name</b>				
<b>Address</b> Number & Street		<b>Unit</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<input type="checkbox"/> Yes, I would like to receive City of Santa Clara e-mail updates containing information about events and programs <input type="checkbox"/> No thanks <b>Email Address</b> (if yes) _____						
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>		<b>Date of Birth</b>

### PARTICIPANT INFORMATION

List up to four medical conditions you want emergency responders to know about you:		Medications:	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
Are you allergic to any medication or food?		<input type="checkbox"/> Yes <input type="checkbox"/> No	List:
Have you had a seizure?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last seizure:
Do you utilize a Personal Care Attendant (PCA)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	PCA's name is:
Are you a Personal Care Attendant for a participant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant's name:
Do you utilize any mobility aides? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check all that apply: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter/Power Chair <input type="checkbox"/> Segway			
Do you have a diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check all that apply: <input type="checkbox"/> Developmental <input type="checkbox"/> Neurological/Cognitive <input type="checkbox"/> Physical			
Describe:			
Do you have any special needs that may affect your participation in Senior Center programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe:			

### EMERGENCY CONTACTS

Name (FIRST/LAST)	Home Phone	Cell Phone
Name (FIRST/LAST)	Home Phone	Cell Phone

### STAFF USE ONLY

*Italicized sections where information is provided requires approval prior to processing.*

#### CARD ISSUED: (check all that apply and circle criteria)

- ☐ FC/N (Resident /Annexed / SCUSD/ Property Owner / Employee)  
☐ FC/N (Volunteer / Non-Resident 50+)  
☐ ID Fit -TRS  
☐ Misc.: Woodshop/Personal Care Attendant/Volunteer/Staff

#### NO CARD ISSUED:

- ☐ Adventures to Go  
☐ Lapidary  
☐ Non-Resident (Day Pass)

**GUARDCARD** Number \_\_\_\_\_ Input by/date: \_\_\_\_\_ Verified by/date: \_\_\_\_\_

**ATG TRAVELER** ☐ Yes ☐ No

**EMAIL ADDRESS:** Input by/date: \_\_\_\_\_

## SANTA CLARA SENIOR CENTER GUIDELINES FOR USE

I have received, read, and agree to comply with the Senior Center's Guidelines for Use. Initial \_\_\_\_\_

### RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I hereby release the City of Santa Clara, California ("City"), its City Council, representatives, employees, volunteers, agents, assigns, the Santa Clara Unified School District, its School Board, officers, agents, and employees from any and all claims, obligations, choices of action, and liability of any kind, arising out of or connected with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. The consideration for this release is my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. This release is intended as a full and complete release covering any possible claims, injuries or harm, contingent or otherwise, involving personal injury or property damage which may arise in connection with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center.

I HAVE READ THE GUIDELINES FOR USE OF FITNESS ROOM AND NATATORIUM, THE WOOD SHOP PROGRAM GUIDELINES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO GO PROGRAM GUIDELINES, AND ANY OTHER GUIDELINES FOR USE OR PROGRAM GUIDELINES PERTAINING TO THE SENIOR CENTER, AND I AM AWARE THAT THESE ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN CLASSES OR ACTIVITIES AT THE SENIOR CENTER AND ENTRY TO AND USE OF ANY FACILITIES OR EQUIPMENT AT THE SENIOR CENTER. I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE, AND/OR ASSIGNS.

I have carefully read this Agreement and fully understand its content. All participants must sign this Agreement.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

The City will maintain your medical history and information in conformance with all applicable laws to ensure its confidentiality.

For more information, contact the Santa Clara Senior Center:

1303 Fremont Street, Santa Clara, CA 95050

Phone: 408-615-3170

[www.SantaClaraCA.gov/SeniorCenter](http://www.SantaClaraCA.gov/SeniorCenter) • [CustServSrCenter@SantaClaraCA.gov](mailto:CustServSrCenter@SantaClaraCA.gov)

### STAFF USE ONLY

For Renewal Use: ATG ID Fit PCA Woodshop Lapidary Fitness Non-Resident Volunteer Staff

Alert Text: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_